

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-042773

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

5704

STATE FILE NUMBER

FILED NOV 26 1962

a. COUNTY

JACKSON

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN KANSAS CITY

Length of stay in 1b
68 yrs.

c. CITY OR TOWN KANSAS CITY

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 4521 Salem Court

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
4521 Salem Court

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First LEO

Middle J.

Last McCORMICK

4. DATE OF DEATH

Month Day Year
NOVEMBER 9, 1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

3-29-1884

9. AGE (last birthday)

68 years

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Retired Electrician

10b. KIND OF BUSINESS OR INDUSTRY
Electrical Construction

11. BIRTHPLACE (City and state or country)
Kansas City, Mo.

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

James Hugh A. McCormick

13b. MOTHER'S MAIDEN NAME

Mary Curran

14. NAME OF HUSBAND OR WIFE

Irene L. McCormick

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) NO

17. INFORMANT

Address

Mrs. Irene L. McCormick, 4521 Salem Court

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Coronary Thrombosis

INTERVAL BETWEEN ONSET AND DEATH

1-3 min.

DUE TO (b)

Coronary Sclerosis

5+ yrs

DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1958

to 11/9/62

and last saw him alive on 11/9/62

Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Mary C. Colglazier, M.D.

22b. ADDRESS

3317 E 43rd K.C. Mo.

22c. DATE SIGNED

11/10/62

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE

11-12-1962

23c. NAME OF CEMETERY OR CREMATORY
Mt. Olivet Cemetery

23d. LOCATION (City, town, or county)
Kansas City, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

MUEHLBACH, 6800 Troost, K. C. Mo.

25. DATE RECD. BY LOCAL REG.

11-12-62

26. REGISTRAR'S SIGNATURE

Arthur Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

Mary C. Colglazier, M.D.

ITEM NO.

SHOULD READ

INSTEAD OF

DATE AMENDED

VS 300

Rev. 4/59

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Dr. Colglazier
Roo-620 East 97th St.
Tulsa to Roo. 9 AM Sat

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Danny C. Kerns

Licensed Embalmer No. 5196

P. O. Address Galison Springs, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.